

CLAIMS ONLY							Application Number 10/075531		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1					/	/	51		/			
2						/	52		/			
3						/	53					
4						/	54					
5					/	/	55					
6						/	56					
7						/	57					
8					/		58					
9						/	59					
10						/	60					
11						/	61					
12					/	/	62					
13						/	63					
14						/	64					
15						/	65					
16					/	/	66					
17						/	67					
18						/	68					
19						/	69					
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22						/	72					
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26						/	76					
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28						/	78					
29						/	79					
30						/	80					
31						/	81					
32					/	/	82					
33						/	83					
34						/	84					
35						/	85					
36					/	/	86					
37						/	87					
38						/	88					
39						/	89					
40						/	90					
41						/	91					
42						/	92					
43						/	93					
44					/	/	94					
45						/	95					
46						/	96					
47						/	97					
48						/	98					
49						/	99					
50					/	/	100					
Total Indep							Total Indep	10				
Total Depend							Total Depend	42				
Total Claims							Total Claims	52				